PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays A valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD on or Dopket Number Application Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) OR (Column 2) SMALL ENTITY SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE BASIC FEE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR x s MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHES1 REMAINING NUMBER PRESENT RATE ADDI-RATE IÉNDMEŃT ADDI-AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus X \$ OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST മ REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENDMENT AFTER AMENDMENT PREVIOUSLY **EXTRA** TIONAL TIONAL PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus X S OR Independent (37 CFR 1.16(b)) Minus X S OR X S = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS. HIGHEST \mathbf{C} REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-**AMENDMENT** AFTER AMENDMENT PREVIOUSLY **EXTRA** TIONAL TIONAL PAID FOR FEE FEE Total Minus (37 CFR 1.18(c)) OR Independent (37 CFR 1.15(b)) Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

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** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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Under the Peperwork Reduction Act of 1905, no persons are required to respond to a collection of information of niess R displays a valid OMB control number figation or Docket Humbor PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Cotime 2) NUMBER FRED NUMBER EXTRA FOR RATE FEE RATE 1090 BASIC FEE (57 CFR 1.18(e)) لو OR TOTAL CLAMS G7 CFR 1.15(c)) W Ominus 20 • OR NOEPENDENT CLAMS (37 CFR 1,15(b)) 42. × 524 = inus 3 = OR 250 (37 CFR 1.18(d)) OR MULTIPLE DEPENDENT CLAIM PRESENT TOTAL TOTAL OR " If the difference in column 1 is less than zero, enter "O" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) HIGHEST NUMBER PREVIOUSLY PRESENT REMAINING ADDI-TIONAL RATE ADDI-TIONAL EXTRA ENT AFTER AMENDMENT FEE FEE PAID FOR Minus × = 18/ = Total or CFR 1.14(cl) ENDM OR Mous 43. Independent x 3 2/2-ΩR -141-+,29-FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) QR TOTAL TEE TOTAL ADD'L FEE OR (Column 2) (Column 3) HIGHEST NUMBER CLAIMS 8 PRESENT RATE ADDI-REMAINING RATE AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT FEE PAID FOR AMENDMENT Total OF OFR LIQUE ٩, × 18 -OR <u>u3</u> x : 86 OR 145 .27Q FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE 107 (Column 1) (Cotumn 2) (Column 3) CLAIMS REMAINING HIGHEST NUMBER ADOI-TIONAL O PRESENT RATE RATE ADOI-TIONAL AFTER MENDMENT PREVIOUSLY PAID FOR **EXTRA** NOMENT FEE Minus Total (37 CFR 1.1004) 20 OR Minus AME OR x \$ FIRST PRESENTATION OF MILETIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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